



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL

Department of Orthopaedic Surgery
55 Fruit Street, Yawkey Center for Outpatient Care
Suite 3700-3B
Boston, MA 02114
Tel: 617.726.8532, Fax: 617.724.3938
Email: wtomford@partners.org

William W. Tomford, M.D.
Orthopaedic Surgery
Massachusetts General Hospital
Professor of Orthopaedics
Harvard Medical School

November 17, 2005

To Whom This May Concern

RE: HYDE, Philip
MR#: 2257360

Dear Sir/Madam:

This letter will confirm that I am following Mr. Philip Hyde for problems with his left hip.

Mr. Hyde started having pain in his left hip approximately six to eight months ago. I saw him in my office at that time and felt that he had arthritis of his left hip joint. The diagnosis was osteoarthritis. I was uncertain as to how rapidly this arthritis would progress and therefore followed him noting to him that he would probably need surgery at some point within the next several months to a year.

He began to have increasing pain in the hip and I saw him in June and July of 2005. He ultimately developed a fracture of the femoral neck superimposed upon severe osteoarthritis of the hip joint. I therefore on July 25, 2005 performed a hip replacement. He did well for a few weeks and then began to dislocate his hip. He was initially treated in a brace which is the common treatment of this problem. However, he continued to dislocate to the point where it became obvious that he needed surgery to reconstruct part of the hip replacement to prevent dislocations. Therefore on November 11, 2005 I performed a revision of his left hip replacement. I replaced the acetabular liner as well as the femoral head as well as the femoral stem. All of this required extensive surgery, a bone grafting and postoperative care in the Massachusetts General for approximately four days. Mr. Hyde was transferred to rehab at Northend Rehabilitation on November 14, 2005. He will remain there approximately one to two weeks undergoing rehabilitation then will be discharged home. He will return to see me in early December.

Mr. Hyde will require crutch walking from November 11, 2005 to mid December, 2005. He will then require a cane from mid December to approximately mid January, 2006.

It is my recommendation that he return to see me at least once prior to reporting for his required sentence. At this time, I feel that he will not be ready to report until between January 1 and January 15, 2006. Thank you for your patience.

Sincerely,


William W. Tomford, M.D.

DD:11/17/2005
DT:11/18/2005
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